



California State Board of Pharmacy
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STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

NON-RECOGNIZED PROVIDER PETITION FOR CONTINUING EDUCATION CREDIT

Pursuant to section 1732.2 of the California Code of Regulations (CCR), non-recognized providers may petition the board to allow continuing education credit for specific coursework which meets the standards of relevance to pharmacy practice and educational quality set forth in section 1732.1(c).

The fee required for review and approval of non-recognized provider courses is **\$40.00 per hour of coursework**, in accordance with section 4400(m) of the Business and Professions Code and CCR 1749.1(o). Submit completed petition form with required fee, a copy of the certificate of completion, a copy of the course brochure or advertisement and the syllabus (if applicable).

Non-recognized providers are limited to three petitions a year. Repeat presentations of the course are acceptable. If repeat sessions are not listed on the original petition, you may reapply by referencing the original approval date on a new petition form. No additional fee is required if petitioning for repeat presentation of an already approved course within the year; however each repeat presentation is counted towards the three petition limit.

Provider's Name:		Telephone Number:	
Street Address:		City	State
		Zip Code	
Co-Sponsor's Name			
Course Title:		Course Number: (if applicable)	
Number of hours:	Has this course been previously approved? <input type="checkbox"/> Yes <input type="checkbox"/> No		If previously approved, when?:
Date(s) and Location(s) of course:			
Date:	1.	2.	3.
Location:			
Type of Course:	<input type="checkbox"/> Home study	<input type="checkbox"/> Live with speaker	<input type="checkbox"/> Live without speaker
Speaker's names:			
1. _____			
2. _____			
3. _____			
Continue on reverse			
Board Use Only			
Approved _____	Number of hours _____	Cashiering Number _____	
Denied _____	Reason _____	Amount: _____	
		Date _____	

Check the box which most closely reflects the course topic and follow with a brief explanation of how the course relates to the practice of pharmacy:

☐ to the scientific knowledge or technical skills required for the practice of pharmacy _____

☐ to direct and/or indirect patient care _____

☐ to the specific management and operation of a pharmacy practice _____

Briefly describe the course goals and objectives (Use additional paper as necessary)

Petitioner's signature

Date signed